

154

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 566
Registered No. 566

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3201 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Euphemia Acosta { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Sept. 16 - 1930
Month _____ Day _____ Year _____

8. FATHER
Full name Benings Acosta
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mex.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Phillipe Vasquez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 17 (Years)
18. Birthplace (city or place) Cananea, Son.
(State or country) Mex.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 2¹⁰ P. m. on the date above stated.
(Born alive or stillborn.)
Signature Loyd M. Brown M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Month, day, year _____
Address Miami, Arizona
Filed Oct 12 1930 C. E. Brown
Registrar _____ Registrar _____

511-916-759